Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AMBERIDGE HOUSE (0010488)

Address: 4202 AMBERIDGE DR, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/05/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home

Compliance

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0096969 End Date: 05/08/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011858 Served 05/20/2006

| | | Comphance | |
|--------------------|---------------------------------------|-----------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 88.03(8)(b) | AGENCY MAY VISIT HOME | | |
| 88.04(2)(a) | RESPONSIBILITIES | | |
| 88.05(2) | ACCESS TO HOME AND WITHIN THE HOME | | |
| 88.05(3)(a) | HOME ENVIRONMENT | | |
| 88.06(3)(c) | ASSESSMENT IDENTIFY NEEDS & ABILITIES | | |
| 88.06(3)(d) | INDIVIDUAL SERVICE PLAN | | |
| 88.07(1)(a) | RESIDENT CARE-GENERAL REQUIREMENTS | | |
| 88.07(1)(b) | AUTONOMY AND CHOICES | | |
| 88.07(1)(c) | ACTIVITIES AND SERVICES | | |
| 88.07(2)(b)5 | MONITORING HEALTH | | |
| 88.07(4)(c) | FOOD PREPARED AND STORED SANITARY WAY | | |
| 88.07(4)(d) | MEALS IN DINING AREA | | |
| 88.07(4)(e) | SPECIAL DIETS | | |
| 88.10(3)(a) | FAIR TREATMENT | | |
| 88.10(3)(b) | PRIVACY | | |
| 88.10(3)(1) | SAFE PHYSICAL ENVIRONMENT | | |
| 88.10(3)(p) | PROMPT AND ADEQUATE TREATMENT | | |
| | | | |

Survey ID: 0093817 End Date: 12/07/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/19/2006 SOD #10011858 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT NO NEW ADMISSIONS PROVIDE TRAINING

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Complaint History

Date Complaint Received: 03/22/2006 Date Investigation Completed: 05/08/2006

Subject Area(s)ResultSOD #PHYSICAL PLANTS & SAFETY HAZARDSSUBSTANTIATED10011858

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED

PROGRAM SERVICES SUBSTANTIATED 10011858

Date Complaint Received: 08/04/2004 Date Investigation Completed: 12/07/2004

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED NOT RECORDED